

254

Dr. Kent

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

234

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1. Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location Southside Hosp.
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)
(d) Length of Stay: In Hospital or Institution 5 Days ; In Community 5 Days ; in Arizona 35 Yrs.
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Phoenix
(If outside city limits also write RURAL)

(d) Street No. Rt. #12 Box 079 Phoenix, Arizona (e) Citizen of foreign country (yes or No)

3. (a) FULL NAME J. T. (Rye) Miles (b) If Veteran Spanish A. (c) Social Security No. None
(If NONE write the word)

4. Sex Male 5. Color or Race White 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Mary L. Miles 5. (c) Age of husband or wife, if alive 53 yrs.

7. Birthdate of deceased May 3, 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 13 If less than one day hrs. min.

9. Birthplace Texas
(City, town or county) (State or Country)

10. Usual Occupation Retired

11. Industry or Business Farming

12. Name Charles Miles

13. Birthplace Un.
(City, town or county) (State or Country)

14. Maiden Name Un.

15. Birthplace Un.
(City, town or county) (State or Country)

16. (a) Informant's own signature Kenneth H. Ganett
(b) Address Box 236, Superior, Arizona

17. (a) Burial, Cremation or Removal Burial
(b) Place Mesa, Ariz. Date 4/18/42

18. (a) Embalmer's Signature M. Daybell
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona

19. (a) 4-28-42
(Date received local Registrar)

(b) [Signature]
(Registrar's Signature)

20M 100% Rag 9-19-41

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) April 16, 1942, 19____
TIME (Hour and minute) 10.A.M.

21. I hereby certify that I attended the deceased from 4-12-42 to 4-16-42, 19____
that I last saw him alive on 4-16-42, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Infarcted Myocardium

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (a) Means of injury

23. Signature [Signature] M. D.

Address Mesa Date signed 4-28-42

DURATION

4-8-42

PHYSICIAN

Underline the cause to which death should be charged statistically